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## **TRANSMITTAL FORM**

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	Application Number	10/751,012-Conf. #5513				
	Filing Date	January 5, 2004				
	First Named Inventor	John Pretlove et al.				
	Art Unit	3661				
	Examiner Name	M. Marc				
	Attorney Docket Number	43315-201409				

ENCLOSURES (Check all that apply)									
x Fee Transr	mittal Form	Drawing(s)	After Allowance Communication to TC						
Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
X Amendment/Reply  After Final		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information						
		Petition to Convert to a Provisional Application							
Affidavits/declaration(s)		X Power of Attorney, Revocation Change of Correspondence Address	Status Letter  X Other Enclosure(s) (please Identify below):  Copy of Notice of Recordation (recorded on June 8, 2004).						
Extension of Time Request      Express Abandonment Request      Information Disclosure Statement		Terminal Disclaimer							
		Request for Refund							
		CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Landscape Table on CD							
Reply to Missing Parts/ Incomplete Application		Remarks							
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
	SIGNATI	JRE OF APPLICANT, ATTORNEY, O	R AGENT						
Firm Name	Firm Name VENABLE LLP								
Signature	Signature Common								
Printed name	Eric J. Franklin								
Date	July 27, 2006	Reg. No.	37,134						

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FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  Application Number   10751,012-Conf. #5513  Filing Date   January 5, 2004   First Named Inventor   John Pretlove et al.   Examiner Name   M. Marc   Art Unit   3661   TOTAL AMOUNT OF PAYMENT   (\$) 2,160.00   Attomey Docket No.   43315-201409  METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify):    Deposit Account Deposit Account Number   22-0261   Deposit Account Number   Venable LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling f	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known							
FOR FY 2006    First Named Inventor   John Pretiove et al.		Application Nun	nber	<del></del>							
Applicant claims small entity status. See 37 CFR 1.27				Filing Date							
Application Type  Fee (S)  Application Type  Fee (S)  Fill Type  Fee (S)  Fee (S)  Fee (S)  Fee (S)  Flant  200 100 300 150 500 250 600 300  Plant  200 100 300 150 500 250 600 300  Povisional  200 100 0 0 0 0 0  Povisional  200 100 0 0 0 0 0  Povisional  200 100 150 500 250 600 300  Provisional  200 100 100 50 150 500 250 600 300  Provisional  200 100 100 50 150 160 80  Recissue 300 150 500 250 600 300  Provisional  200 100 100 50 150 160 80  Recissue 300 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 150 500 250 600 300  Provisional  200 100 100 100 150 150 600 300  Multiple dependent claims paid for, if greater than 20.  APPLICATION RICE  Fee (S)  Fee Paid (S)				First Named Inv	entor	<del></del>	et al.				
METHOD OF PAYMENT (check all that apply)		Examiner Name		M. Marc							
METHOD OF PAYMENT (check all that apply)	Applicant claims s	mall entity status. S	See 37 CFR 1.27	Art Unit		3661					
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Number 22-0261 Deposit Account Name: Venable LLP	TOTAL AMOUNT OF F	PAYMENT	(\$) 2,160.00	Attorney Docket	No.	43315-201409					
Deposit Account   Deposit Account Number 22-0261   Deposit Account Name:   Venable LLP	METHOD OF PAYM	ENT (check all the	nat apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below											
Charge fee(s) Indicated below    Charge fee(s) Indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) under 37 CFR 1.16 and 1.17	x Deposit Account	Deposit Account Numb	er: 22-0261 Deposit Ac	count Name:		Venable LLF					
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X Credit any overpayments   X Credit and such and it all and it.   X Credit any overpayments   X Credit any overpayments   X Credit any overpayments   X Credit and such and it and it.   X Credit and such and it and it.   X Credit and such and it.   X Credit any overpayments   X Credit and such and it.   X Credit and such and it.   X Credit and such and it.   X Credit and such and it and it.   X Credit and such and it.   X Credit and	For the above-io	lentified deposit a	ccount, the Director is	s hereby authorize	ed to: (che	ck all that apply)					
The companies of the	x Charge fe	e(s) indicated bel	ow	Charg	e fee(s) in	dicated below, ex	cept for th	e filing fee			
A BASIC FILING, SEARCH, AND EXAMINATION FEES   FillING FEES   Small Entity   Small Entity   Fee (\$)   Fe	Charge any additional fee(s) or underpayment of Credit any overpayments										
Filing Fee (\$)   Small Entity   Fee (\$)   Fe	FEE CALCULATION	(All the fees I	oelow are due upo	n filing or may	be subj	ect to a surcha	rge.)				
Small Entity   Fee (\$)   Fee (\$)	1. BASIC FILING, SEAI										
Application Type			- · - <del>-</del> -		EXAMI						
Design   200   100   100   50   130   65	<b>Application Type</b>				Fee (\$)		Fees P	aid (\$)			
Plant   200   100   300   150   160   80	Utility	300	150 500	250	200	100					
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design	200	100 100	50	130	65					
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Excress CLAIM FEES   Every Eye (\$)   Fee (\$)	Reissue	300	150 500	250	600	300					
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1255 Extension for response within fifth month  2,160.00	Provisional	200	100 0	0	0	0					
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Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawnings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1255 Extension for response within fifth month  2,160.00	Fee Description	ludina Daigauga)									
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SUBMITTED BY  Signature  Registration No. (202) 344-4936  Authorney/Agent)  Registration No. (202) 344-4936											
Signature Registration No. (Attorney/Agent) 37,134 Telephone (202) 344-4936	Other (e.g., late filing surcharge): 1255 Extension for response within fifth month 2,160.00										
(Attorney/Agent) 37,134 Telephone (202) 344-4930	SUBMITTED BY	// //		X							
Name (Print/Type) Eric J. Franklin Date July 27, 2006	Signature	nn	m		37,134	Telephone	(202) 344	-4936			